

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DATE RECEIVED
JUN 28 2015
Bayfield Co. Zoning Dept.

ENTERED
Permit #: 15-0441
Date: 11-9-15
Amount Paid: \$2879-9-15
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Daniel & Sharon Greenbush	Mailing Address: 623 Glover Dr Washburn WI 54891	City/State/Zip: WASHBURN WI 54891	Telephone: 612-791-9085
Address of Property: 623 Glover Dr		City/State/Zip: WASHBURN WI 54891	Cell Phone: 612-791-9085
Contractor: American Homes		Contractor Phone: 715-634-5222	Plumber: Plumber
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:	Agent Mailing Address (include City/State/Zip):
PROJECT LOCATION		Legal Description: (Use Tax Statement)	Recorded Document: (i.e. Property Ownership) Volume _____ Page(s) _____
1/4, _____ 1/4		Gov't Lot _____	Lot(s) _____
Section 17 , Township 49 N, Range 5 W		CSM _____	Vol & Page _____
Town of: Bayview		Lot(s) No. _____	Block(s) No. _____
Subdivision: Freedom within part		Acreage 2	

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →	Distance Structure is from Shoreline: _____ feet		

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What type of Sewer/Sanitary System is on the property?	Water
\$100,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1 Story	<input type="checkbox"/> Seasonal <input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: _____	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1 Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2 Story	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Drain	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
				<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: 36	Width: 26	Height: 8
Proposed Construction:	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(36 X 26)	936
		with Loft	(<input type="checkbox"/> X <input type="checkbox"/>)	
		with a Porch	(<input type="checkbox"/> X <input type="checkbox"/>)	
		with (2 nd) Porch	(<input type="checkbox"/> X <input type="checkbox"/>)	
		with a Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	
		with (2 nd) Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Accessory Building (specify) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
Rec'd for Issuance	<input type="checkbox"/>			
NOV 09 2015	<input type="checkbox"/>	Special Use: (explain) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
Secretarial Staff	<input type="checkbox"/>	Other: (explain) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	

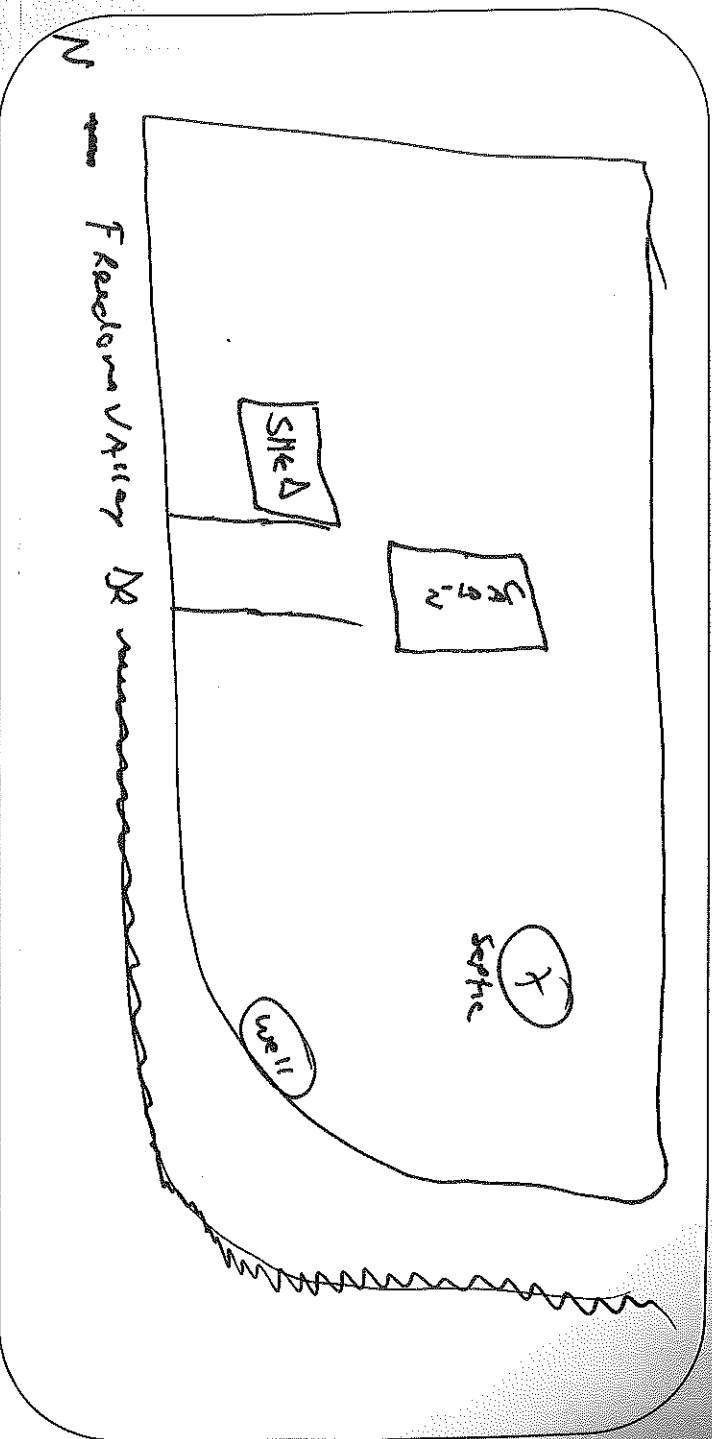
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on the information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s) Sharon & Daniel Date 10/26/15
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 623 Glover Dr Washburn WI 54891
Attach Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

	Proposed Construction
(1) Show location of:	North (N) on Plot Plan
(2) Show / Indicate:	(*) Driveway and (*) Frontage Road (Name Frontage Road)
(3) Show location of (*):	All Existing Structures on your Property
(4) Show:	(*) Well (W ₁), (*) Septic Tank (ST), (*) Drain Field (DF), (*) Holding Tank (HT) and/or (*) Privy (P)
(5) Show any (*):	(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(6) Show any (*):	(*) Wetlands; or (*) Slopes over 20%
(7) Show any (*):	



(8) **Setbacks:** (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	16' 50'	Setback from the Lake (Ordinary high-water mark)	Feet
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	26' 100'		
Setback from the South Lot Line	60' 100'	Setback from Wetland	Feet
Setback from the West Lot Line	100'	20% Slope Area on property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	40' 200'	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	2.5'	Setback to Well	100' Feet
Setback to Drain Field	50'		
Setback to Privy (Portable, Composting)			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:	322446	3 pm	10-1-99
Permit #: 15-0441	Permit Date: 11-9-15	301c 4096	app.	
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous lots) <input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Granted by Variance (B.O.A.) 1. Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> No
Inspection Record:				
Date of Inspection: 11-6-15	Inspected by: J. Aaron Bore. Murphy	Zoning District: (RRB)	Lakes Classification: (NA)	Date of Re-Inspection:
Condition(s) Town, Committee or Board Conditions Attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)			
UDC PLANT STAKE BE OBTAINED AND COMPILED w/ CONNECTION TO EXISTING SANITARY				
Signature of Inspector:		Date of Approval: 11-6-15		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

STAIR BE MADE BY A MASTER PLUMBER.

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STATEMENT AND FEE TO:
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DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

APPLICATION FOR PERMIT
BAYFIELD COUNTY WISCONSIN
Date Stamp (Received)
NOV 04 2015
Bayfield Co. Zoning Dept.

ENTERED
Permit #: 15-0440
Date: 11-13-15
Amount Paid: \$540
Refund: 11-13-15

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Gary & Nancy Choluek
Address of Property: 33005 Westgate Rd.
City/State/Zip: Washburn, WI 54891
Telephone: 715-373-2440
Cell Phone:
Contractor: Self
Contractor Phone:
Plumber:
Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))
Agent Phone:
Agent Mailing Address (include City/State/Zip):
Written Authorization Attached ☐ Yes ☐ No

PROJECT LOCATION: N 1/2 W 1/4 of SW 3/4 SW 250
Legal Description: (Use Tax Statement)
PIN: (23 digits) 04-008-2-49-04-28-3 03-000-20000
Recorded Document: (i.e. Property Ownership) Volume _____ Page(s) _____

SW 1/4, SW 1/4
Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____
Subdivision: _____
Lot Size _____ Acreage 5

Section 28, Township 49 N, Range 04 W
Town of: Bayview

☐ Shoreland ☒ Non-Shoreland

☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue -->
☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue -->

Distance Structure is from Shoreline: _____ feet
Distance Structure is from Shoreline: _____ feet
Is Property in Floodplain Zone? ☐ Yes ☒ No
Are Wetlands Present? ☐ Yes ☒ No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 90,000	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>holding tank</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or Vented (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____	
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> _____	

Existing Structure: (if permit being applied for is relevant to it) Length: 48' Width: 36' Height: 22'
Proposed Construction: Length: 36' Width: 24' Height: 32'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() X ()	
	Residence (i.e. cabin, hunting shack, etc.)	() X ()	
	with Loft	() X ()	
	with a Porch	() X ()	
	with (2 nd) Deck	() X ()	
	with a Deck	() X ()	
<input type="checkbox"/> Commercial Use	with Attached Garage	() X ()	
	Bunkhouse w/ () sanitary, gr () sleeping quarters, or () cooking & food prep facilities)	() X ()	
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date)	() X ()	
	Addition/Alteration (specify) <u>Dining and Rec Room</u>	(10 X 30)	300
	Accessory Building (specify) <u>10x20</u>	(24 X 36)	864
	Accessory Building Addition/Alteration (specify) <u>24x18</u>	() X ()	
	Accessory Building Addition/Alteration (specify) <u>10x25</u>	() X ()	
	Special Use: (explain) <u>addition - connector to left of observation room</u>	() X ()	10 X 25
	Conditional Use: (explain) <u>24x18</u>	() X ()	250
	Other: (explain)	() X ()	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for inspection.

Owner(s): Gary & Nancy Choluek
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date 11-4-15
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Copy of Tax Statement
Attach

In the box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: **North (N) on Plot Plan**
(3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
(4) Show: **All Existing Structures on your Property**
(5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
(6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
(7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

See Attached

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot line	120 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot line	470 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	100 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	130 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	180 Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

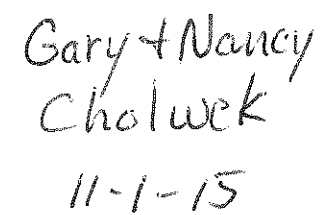
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <u>41437</u>	# of bedrooms: <u>2</u>	Sanitary Date: <u>10-4-83</u>			
Permit Denied (Date):		Reason for Denial:					
Permit #: <u>15-0442</u>		Permit Date: <u>1-13-15</u>					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Deed of Record	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Fused/Contiguous Lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Granted by Variance (B.O.A.)		Case #:		Previously Granted by Variance (B.O.A.)			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: <u>Construction commenced prior to issuance of permit. Owner on site to verify project</u>						Zoning District <u>Ac-1</u>	
Date of Inspection: <u>11-13-15</u>		Inspected by: <u>CECILIA BOE. MUEPITZ</u>		Date of Re-Inspection:		Lakes Classification <u>(N/A)</u>	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (if No they need to be attached.)							
Signature of Inspector: <u>[Signature]</u>				Date of Approval: <u>11-13-15</u>			
Hold For Sanitary: <input type="checkbox"/> <u>[Signature]</u>		Hold For TBA: <input type="checkbox"/> _____		Hold For Affidavit: <input type="checkbox"/> _____		Hold For Fees: <input type="checkbox"/> _____	

NK



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT Bayfield Co. Zoning Dept.

APPLICATION FOR PERMIT
DATE RECEIVED
DEC 26 2015
ENTERED

Permit #: 15-0448
Date: 11-13-15
Amount Paid: \$185
Refund: 11/13/15

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		Mailing Address:				City/State/Zip:		Telephone:
419 JONES AVEAN		PO BOX 354				WASHBURN, WI		715 269 0005
Address of Property:		City/State/Zip:				Contractor Phone:		Plumber:
7730 HWY 13		WASHBURN, WI				715 269 0005		
Contractor:		Agent Phone:				Agent Mailing Address (include City/State/Zip):		Plumber Phone:
RICHARD ALEAN								
Authorized Agent: (Person Signing Application on behalf of Owner(s))		PIN: (23 digits) 04-				Recorded Document: (i.e. Property Ownership) Volume V. 1117		Page(s) 555
PROJECT LOCATION	Legal Description: (Use Tax Statement)	Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:
SW 1/4, SE 1/4								
Section 28, Township 47 N, Range 04 W		Town of: BAYMUN			Lot Size	Acreage		
						5		
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes—continue →	Distance Structure is from Shoreline: feet			Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes—continue →	Distance Structure is from Shoreline: feet						

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ 10,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: <u>HS</u>	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	70	50	20

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		(X)	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		(X)	
<input type="checkbox"/> with Loft		(X)	
<input type="checkbox"/> with a Porch		(X)	
<input type="checkbox"/> with (2 nd) Porch		(X)	
<input type="checkbox"/> with a Deck		(X)	
<input type="checkbox"/> with (2 nd) Deck		(X)	
<input checked="" type="checkbox"/> Commercial Use	with Attached Garage	(X)	
<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)		(X)	
<input type="checkbox"/> Mobile Home (manufactured date)		(X)	
<input type="checkbox"/> Addition/Alteration (specify)		(X)	
<input checked="" type="checkbox"/> Accessory Building (specify) <u>CONCRETE STORAGE</u>		(76 X 30)	3,500
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		(X)	
Rec'd for Issuance			
<input type="checkbox"/> Special Use: (explain)		(X)	
<input type="checkbox"/> Conditional Use: (explain)		(X)	
<input type="checkbox"/> Other: (explain)		(X)	

NOV 13 2015

Secretarial Staff
FAILURE TO OBTAIN A PERMIT AT STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on the information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

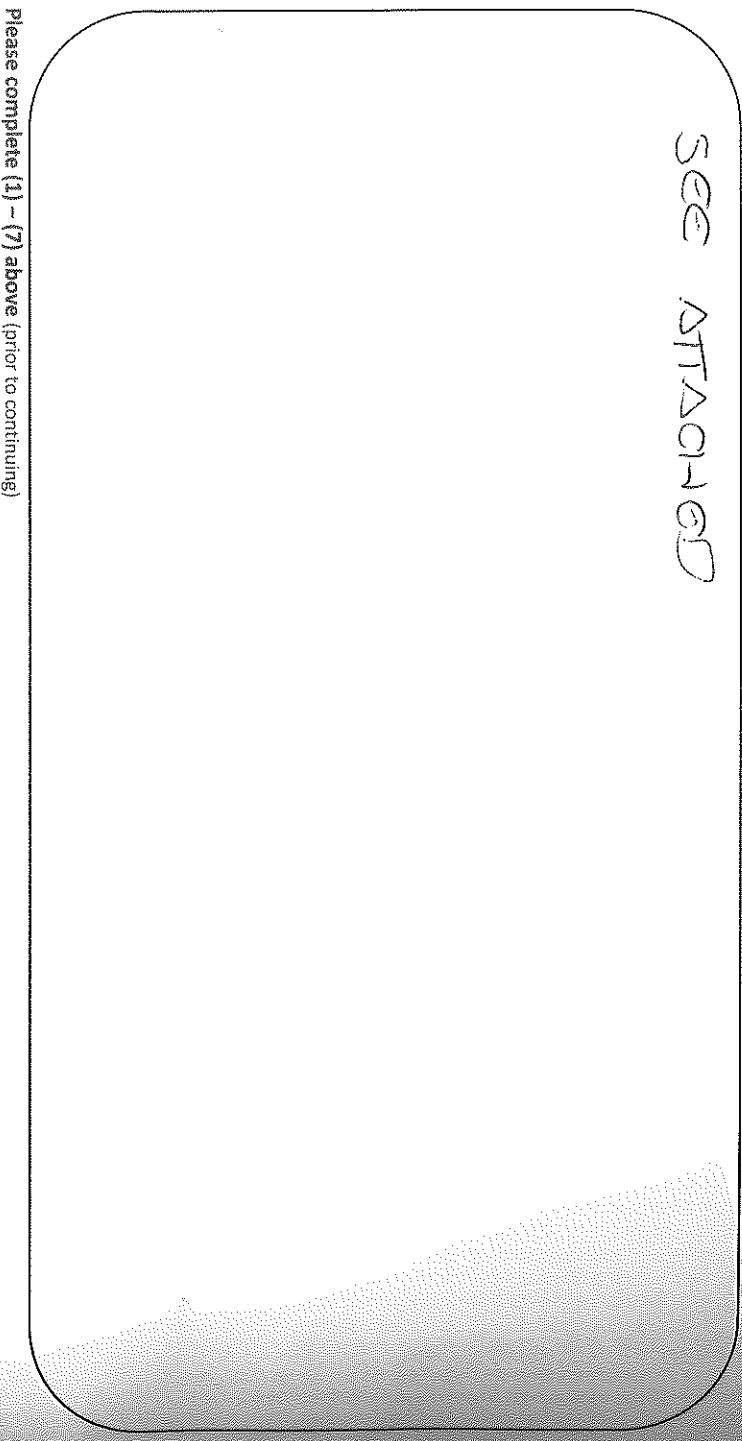
Authorized Agent:
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit
Date 10-26-15
Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

below: Draw or Sketch Your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

SEE ATTACHED



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	590 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	30 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	40 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	140 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	250 Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		
Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.			
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.			

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:		# of bedrooms:		Sanitary Date:	
Permit Denied (Date):		Reason for Denial:		4K			
Permit #: 15-0448		Permit Date: 11-13-15					
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)		<input checked="" type="checkbox"/> No			
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))		<input type="checkbox"/> No			
Is Structure Non-Conforming		<input type="checkbox"/> Yes		<input type="checkbox"/> No			
Granted by Variance (B.O.A.)		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No		Previously Granted by Variance (B.O.A.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record: Special uses/UP granted for commercial use of A-1 property.				Zoning District: A-1		Lakes Classification: N/A	
Date of Inspection:		Inspected by: J. Campbell, Murphy		Date of Re-Inspection:			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)							
NOT APPROVED FOR HUMAN HABITATION / SLEEPING PURPOSES. ANY NECESSARY COMMERCIAL BUILDING CODE PERMIT V/BE INSPECTION SHALL BE OBTAINED. NO INDOOR PLUMBING.							
Signature of Inspector:				Date of Approval: 11-13-15			
Hold For Sanitary: <input type="checkbox"/>		Hold For TB: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	

field County, WI

